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	nder the Panerwork Reduction Act of 1995, no persons are required to respo	Approved for use through 10/31/2002. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.						
UTILITY		Attorney Docket No. P003 C5 Total Pages						
		First Named Inventor or Application Identifier						
	TRANSMITTAL	John F. Shanley						
	(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No. ER 564330635 US						
APPLICATION ELEMENTS See MPEP chapters 600 concerning utility patent application contents.		Commissioner for Patents P.O. Box 1450 Mail Stop PATENT APPLICATION Alexandria, VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
1. 🛭	Fee Transmittal Form + copy for fee processing (2 pages) (Submit an original, and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
2. 🛭	Applicant claims Small Entity status, see 37 C.F.R. § 1.27	Nucleotide and/or Amino Acid Sequence Submission						
3. 🛭	Specification [Total Pages 26]	a. Computer Readable Form (CRF)						
	(preferred arrangement set forth below, MPEP 1503.01)	b. Specification Sequence Listing on:						
	- Descriptive title of the Invention	i. CD-ROM or CD-R (2 copies); or						
	- Cross Reference to Related Applications	ii. paper (5 pages)						
	- Statement Regarding Fed sponsored R&D	c. □ Statement verifying identity of above copies (2 pages)						
	 Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) 	ACCOMPANYING APPLICATION PARTS						
	- Detailed Description of the Invention (including drawings, if filed)	9. Assignment Papers (cover sheet & document(s))						
	- Claim(s)	10. 37 CFR 3.73(b) Statement Characteristics Control Power of Attorney						
4. 🛭	- Abstract of the Disclosure Drawing(s) (35 USC 113) [Total Sheets 9]	(when there is an assignee) 11. English Translation Document (if applicable)						
5. 🗵	•	Information Disclosure Copies of IDS						
	_	Pattern Receipt Processed (MPER 502)						
	a. Newly executed (original or copy)	(Should be specifically itemized)						
	b. \to Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	14. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
6. [Application Data Sheet. See 37 CFR 1.76	Nonpublication Request under 35 U.S.C. 122 (b)(2)(i). Applicant must attach form PTO/SB/35 or it's equivalent Other: Declaration of Cindy A. Lynch; Petition to Make Special for Accelerated Examination						
Date ⊠ C	18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: □ Continuation □ Divisional □ Continuation-in-part (CIP) of prior application No.: 10/231,007, filed August 30, 2002, which is a continuation of U.S. Patent Application Serial No. 09/649,217, filed August 28, 2000, which is a continuation of U.S. Patent Application Serial No. 09/183,555, filed October 29, 1988, which claims priority to U.S. Provisional Patent Application Serial No. 60/079,881, filed March 30, 1998.							
1	r application information: Examiner: Unassigned	Group Art Unit: 3731						
5b, i	is considered a part of the disclosure of the accompanying continuation or div only be relied upon when a portion has been inadvertently omitted from the							
<u> </u>	19. CORRESPONI	DENCE ADDRESS						
	Insert Cu	3027 or □ Correspondence address below ustomer No.						
Firm	Conor Medsystems, Inc.							
or Indi	vidual Name Cindy A. Lynch (Reg. No. 38,699)							
Sign	nature MOJ Rynch							
Date	April 13, 2004							

PTO/SB/17 (01-03)

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		Complete if Known						
FEE TRANSMITTAL	Application Number			Unassigned				
for FY 2003	Filing Date			Herewith				
Patent fees are subject to annual revision.		First Named Inventor			John F. Shanley			
	Examiner Name			Unassign	ed			
X Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit			Unassign	ed			
TOTAL AMOUNT OF PAYMENT (\$) 515.00		Attorney Docket No. P003 C5						
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
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X Deposit Account								
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Deposit Account Conor Medsystems, Inc.	1051	130	2051	65	Surcharge	e – late filing fe	e or oath	
Name The Commissioner is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	e – late provisi	onal filing fee or cover	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		sh specificatio	•	\vdash
X Charge any additional fee(s) during the pendency of this	1812		1812		_			\vdash
application		2,520		920*		request for ex p	parte reexamination of SIR prior to	
Charge fee(s) indicated below, except for the filing fee	1804	920°	1804		Examiner		•	
to the above-identified deposit account.	1805	1,840*	1805		Examiner	action		
FEE CALCULATION 1. BASIC FILING FEE	1251 1252	110	2251 2252	55		for reply within		
Large Entity Small Entity	1252	420 950	2252			for reply within	n second month	
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1002 340 2002 170 Design filing fee	1401	330	2401		Notice of A		THAT HORAT	
1003 530 2003 265 Plant filing fee	1402	330	2402			ief in support o	of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request fo	or oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to	institute a pub	lic use proceeding	
SUBTOTAL (1) (\$) 385.00	1452	110	2452	55		etition to revive – unavoidable		
	1453	1,330	2453	665		revive – unint		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501 1502	1,330 480	2501 2502	665 240	•	e fee (or reiss		
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1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1		final rejection	<u> </u>
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		For each additional invention to be examined (37CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385			xamination (RCE)	
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and over original patent	Other fee (specify)				Ji a desigi	approation		
SUBTOTAL (2) (\$) 0.00	*Red	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 130.00						
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Cipdy A. Lynch		ration No ey/Agent)		8,699		Telephone	(650) 614-4131	
Signature / Moultanch						Date	April 13, 2004	- "